

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**

**LICENSED SUBSTANCE ABUSE COUNSELOR**  
**CERTIFIED SUBSTANCE ABUSE COUNSELOR**  
**CERTIFIED SUBSTANCE ABUSE COUNSELOR INTERN**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number (SSN) is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES FOR LICENSED AND CERTIFIED SUBSTANCE ABUSE COUNSELOR APPLICATIONS:**

1. Submit an official college transcript or if you do not have a college degree with the required major, submit a copy of your high school diploma or GED. Have the school mail this documentation to DOPL or include with your application. To be official, a transcript must bear the school seal and be enclosed in a sealed envelope. The School's seal/stamp must also be on the flap of the sealed envelope.
2. Submit a copy of the score report showing a passing score on the written National Association of Alcohol and Drug Abuse Counselors (NAADAC) National Certification Exam Level I, II, or MAC. To register for or obtain information regarding the NAADAC exam, contact the Association of Utah Substance Abuse Professionals (AUSAP) at (801) 335-0537 or <http://naadac.org/ut/>. Before January 1, 2010, a passing score on the International Certification Examination for Alcohol and Drug Counselors (ICRC/AODA) may be submitted in lieu of verification of a passing score on the NAADAC exam.
3. Submit an official transcript or certificate from an accredited institution or higher education verifying completion of the substance abuse education program.
4. If you are currently licensed in another state as a substance abuse counselor, use the "Request

for Verification of License” form (*attached to this application*) to obtain verification of such.

Request that the verifying state(s) complete the form(s) and mail them directly to DOPL or return them to you for submission with your application.

5. Submit a “Verification of Supervised Experience” form (*attached to this application*) completed by each of your supervisors if you are applying for the licensed substance abuse counselor only. The form must be completed in it’s entirety by the supervisor.  
If your supervisor is out of state, please provide a copy of their license and resume.
6. Submit one of the following fees as a non-refundable application-processing fee, made payable to “DOPL.”
  - Licensed Substance Counselor - \$85.00
  - Certified Substance Counselor - \$70.00

### **INFORMATION FOR CERTIFIED SUBSTANCE ABUSE COUNSELOR INTERN**

1. Submit an official college transcript or if you do not have a college degree with the required major, submit a copy of your high school diploma or GED. Have the school mail this documentation to DOPL or include with your application. To be official, a transcript must bear the school seal and be enclosed in a sealed envelope. The School’s seal/stamp must also be on the flap of the sealed envelope.
2. Submit the \$70.00 non-refundable application-processing fee, made payable to “DOPL.”
3. Applicants who meet the requirements for the Certified Substance Abuse Counselor except for passing the examination may apply for a Certified Substance Abuse Counselor Intern license which is limited to the time necessary to pass the examination required or six months, whichever occurs first.

### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):
  - Division of Occupational & Professional Licensing Act
  - General Rule of the Division of Occupational & Professional Licensing
  - Mental Health Professional Practice Act
  - Mental Health Professional Practice Act Rule
  - Substance Abuse Counselor Licensing Act Rule
  - For explanation of each license classification refer to Utah Code, section 58-60-506
2. **Supervised Experience:**
  - The experience must be supervised at a ratio of one hour of face-to-face direct supervision for every 40 hours of substance abuse counseling services you provide.
  - Applicants with a bachelor’s degree in substance abuse or a behavioral science must document completion of 2,000 hours of supervised experience.
  - Applicants with a high school diploma, GED or bachelors degree in any other field must document completion of 4,000 hours of supervised experience.
3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.

4. **License Renewal:** Most substance abuse counselor licenses expire on May 30 of each odd-numbered year. Verify the expiration date on your license.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
7. **Name Change:** If you have been licensed by DOPL under any other name, please submit legal documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
8. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).

9. **Submit Completed Application to:**

<b>By U.S. Mail</b>	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
<b>By Express Mail or In Person</b>	Division of Occupational & Professional Licensing 1 <sup>st</sup> Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

10. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – toll-free in Utah

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## APPLICATION FOR LICENSURE

**APPLICATION FOR:** *(Check only one.)*

- ☐ **LICENSED SUBSTANCE ABUSE COUNSELOR**  
☐ **CERTIFIED SUBSTANCE ABUSE COUNSELOR**  
☐ **CERTIFIED SUBSTANCE ABUSE COUNSELOR INTERN**

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>				
Last Name:		First Name:		Middle Name:
Social Security Number:      -      -      -			Maiden Name:	
I certify under penalty of perjury that:				
and	<input type="checkbox"/> I am a citizen of the United States.			
	<input type="checkbox"/> I am a qualified alien as defined in 8 U.S.C., Sec 1641 who is lawfully present in the United States. I understand that I am required to visit DOPL's offices and present a government issued ID bearing my photo and evidence of one, or both of the following: <div style="display: flex; justify-content: space-around;"> <span>Alien ID Number</span> <span>I-94 Number</span> </div>			
	<input type="checkbox"/> I am a foreign national not physically present in the United States. <i>(If you check this item you do not need to respond to the following section.)</i>			
	<input type="checkbox"/> I have a valid Driver License or State Issued ID      State:      Number: <input type="checkbox"/> I do not have a Driver License. I am legally present in the United States, and I understand that the Department of Commerce will verify my legal presence in order to process my application.			
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone #:	E-Mail:	
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>	
License/Certificate Number: _____	
Date License/Certificate Approved: ____/____/____	
Approved By: _____	
Date License/Certificate Denied: ____/____/____	
Denied By: _____	
Reason for Denial/Other Comments: _____	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify under penalty of perjury that I am a United States citizen, a qualified alien as defined in 8 U.S.C. Sec. 1641, or I am lawfully present in the United States.
2. I certify that am qualified in all respects for the license for which I am applying in this application.
3. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
4. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
5. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EDUCATION REQUIREMENT:** *(Use additional sheets if necessary.)*

**HIGH SCHOOL OR EQUIVALENT:**

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PROFESSIONAL EDUCATION:**

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Major: \_\_\_\_\_ Minor (if any): \_\_\_\_\_

**EXAMINATION REQUIREMENT:** *(Answer "yes" or "no.")*

☐ Yes ☐ No National Association of Alcohol and Drug Abuse Counselors (NAADAC) National Certification Exam Level I, II, or MAC

☐ Yes ☐ No Before January 1, 2010, the International Certification Examination for Alcohol and Drug Counselors

**RECORD OF EMPLOYMENT:** List each place of supervised professional employment. Please show month and year for each. (*Use additional sheets if necessary.*)

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Position and Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Position and Duties: \_\_\_\_\_

\_\_\_\_\_

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LICENSED SUBSTANCE ABUSE COUNSELOR  
CERTIFIED SUBSTANCE ABUSE COUNSELOR  
CERTIFIED SUBSTANCE ABUSE COUNSELOR INTERN

**QUALIFYING QUESTIONNAIRE**

Answer “yes” or “no” for each question. Do not leave any question blank.

1.     \_\_\_\_\_     Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2.     \_\_\_\_\_     Have you ever been denied the right to sit for a licensure examination?
3.     \_\_\_\_\_     Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4.     \_\_\_\_\_     Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5.     \_\_\_\_\_     Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6.     \_\_\_\_\_     Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7.     \_\_\_\_\_     Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8.     \_\_\_\_\_     Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
9.     \_\_\_\_\_     Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
10.    \_\_\_\_\_     Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
11.    \_\_\_\_\_     Have you been named as a defendant in a malpractice suit?

*(Continued on the next page.)*

12. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
13. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
14. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
15. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
16. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
17. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
20. \_\_\_\_\_ Do you currently have any criminal action pending?
21. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
22. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
23. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
24. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

(Continued on the next page.)



**If you answered “yes” to questions 20, 21, 22, 23, or 24 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

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## REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

### PART 1 - TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_/\_\_\_\_/\_\_\_\_

My license number in your state is/was: \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of: \_\_\_\_\_

Signature of Qualifier: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PART 2 - TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Name of Qualifying Person: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

(Continued on the next page.)

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Continuously Licensed:

☐ Yes ☐ No, please explain: \_\_\_\_\_

Licensed By:

☐ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Endorsement, from what state? \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

☐ No ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

(SEAL)

## VERIFICATION OF SUPERVISED EXPERIENCE

**TO BE COMPLETED IN ITS ENTIRETY BY EACH SUPERVISOR OF THE  
REQUIRED SUPERVISED EXPERIENCE HOURS:**

Applicant's Name: \_\_\_\_\_

LSAC Supervisor's Name: \_\_\_\_\_

LSAC Supervisor's License Issued: State: \_\_\_\_\_ License #: \_\_\_\_\_

MHT Supervisor's Name: \_\_\_\_\_

MHT Supervisor's License Issued: State: \_\_\_\_\_ License #: \_\_\_\_\_

MHT Profession: \_\_\_\_\_ Year: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inclusive Dates of Supervised Experience: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Hours of Face-to-Face Supervision: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

The hours worked and supervised are reported on the basis of:

☐ Supervisor's appointment calendars or records

☐ Supervisor's best recollection

Description of Applicant's Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Licensed Substance Abuse Counselor Supervisor:**

☐ I supervised the applicant at a ratio of one hour of face-to-face direct supervision for every 40 hours of substance abuse counseling services.

- ☐ I attest that the applicant's performance was satisfactory. If less than satisfactory, please attach an explanation regarding the nature of problem, recommendation and remediation.
- ☐ I certify that I am a licensed substance abuse counselor in good standing and I am a qualified supervisor in accordance with Statute and Rules.
- ☐ I certify that I am professionally responsible for the acts and practices of the applicant which are a part of the required supervised training.

Signature of LSAC Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If supervised by a Licensed Substance Abuse Counselor both the supervising Licensed Substance Abuse Counselor signatures and Mental Health Therapist signatures are required.

**Mental Health Therapist Supervisor:**

- ☐ I supervised the applicant at a ratio of one hour of face-to-face direct supervision for every 40 hours of substance abuse counseling services.
- ☐ I attest that the applicant's performance was satisfactory. If less than satisfactory, please attach an explanation regarding the nature of problem, recommendation and remediation.
- ☐ I certify that I am a licensed mental health therapist in good standing and I am a qualified supervisor in accordance with Statute and Rules.
- ☐ I certify that I am professionally responsible for the acts and practices of the applicant which are a part of the required supervised training.

Signature of Mental Health Therapist Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VERIFICATION OF ACTIVE PRACTICE  
AS A LICENSED SUBSTANCE ABUSE COUNSELOR  
(For Endorsement Only)**

**TO BE COMPLETED BY THE EMPLOYER or HUMAN RESOURCE PERSONNEL:**

Name of Applicant: \_\_\_\_\_

License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Name of Person Verifying Employment: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Describe the applicant's employment setting: (private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility or other)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates applicant was employed with this agency: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

How many hours did the applicant work per week? \_\_\_\_\_

What was the applicant's schedule? ☐ full-time ☐ part-time

Was the applicant contracted labor: ☐ Yes ☐ No

Did the applicant and supervisor work within the same employment setting where the experience hours were obtained? ☐ Yes ☐ No If No, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Continued on the next page.)*

In what type of employment setting was the supervision done?

☐ self-employed in a private practice

☐ voluntary

☐ paid: Indicate who paid the supervisor: \_\_\_\_\_

What were the dates of the supervision: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the applicant still employed with agency? ☐ Yes ☐ No

If no, is the applicant re-hirable? ☐ Yes ☐ No

This document is proof that the applicant has been actively engaged in legal practice as a licensed substance abuse counselor and has completed not less than 4,000 hours of experience.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_